18. BURIAL, CREMATION, OR REMOVAL

f7. INFORMANT (Address)

19. UNOERTAKER (Address)

ry item of infor-	Village or City near snow Hol and	No. St., death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?
COAD. Every PHYSICIANS act statement	- A	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
NG ENT RECT LY. P.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 7/18 (Day) (193
ARGIN RESERVED FOR BINDING UNFADING INK-THIS IS A PERMANEN upplied. AGE should be stated EXACT ferms, so that it may be properly classified e instructions on back of certificate.	HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 18. 1935 7. AGE Years Months Days If LESS than f day,hrs. ord. min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Maar Snow Hill Mill (State or country) 13. NAME 14. BIRTHPLACE (city or town) Pages 14. BIRTHPLACE (city or town) Pages 14. BIRTHPLACE (city or town) Pages 15. Total time (yeers) spart in this occupation 16. Total time (yeers) spart in this occupation 17. Total time (yeers) spart in this occupation 18. Trade, profession, or particular kind of work dona, as SPINNER, SAWWELE, BOOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 16. Total time (yeers) spart in this occupation 18. Trade, profession, or particular kind of work dona, as SPINNER, SAWWELE, BOOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 16. Total time (yeers) spart in this occupation 17. Total time (yeers) spart in this occupation 18. Trade, profession, or particular kind of work dona, as SPINNER, saw William spart in this occupation 19. Total time (yeers) spart in this occupation spart in this occupation 19. Total time (yeers) spart in this occupation spart in	22. I HEREBY CERTIFY, That I attended decease 19, to
X, WITH 1 carefully su	14. BIRTHPLACE (city or town) rows Assadle The mod (State or country) 15. MAIDEN NAME Mable Gleen 16. BIRTHPLACE (city or town) reas Snow Help ml (State or country)	What test confirmed diagnosis?

lent give city or town and State TE OF DEATH FY. That I attended deceased from f9..... death is said causes of importance Date of onset Data of Was thera an autopsy?..... 23. If death wes dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?_____ Date of Injury____, f9____ Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in eny way related to occupation of deceasad?.. If so, spacify_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUKUAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOIL

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Chronic interstitial nephritis .	1921	Run over by street ar 'S 'A OYAMA	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		STIG S TREE	
Other contributory causes of importance:		Other contributory causes of importances	
G	May 1,1923	Gastroenteritis	1 year

Man fand dead in an abandond and Keslory of having been drawed the war for one with and sick all the time. It trooted for have been in horfifal an Salting refundable of the Coming her. Can give no definite cause of learn and deal and give no definite cause of learn.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-a)
County worces ler	Registration Dist. No. 355
Village or City Berlie .	NoSt.,Ward
(If Length of residence in city or town where death occurred 72 yrs / g mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 20 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Q. Bush	he as
(a) Residence: No. 13 aker St. Beshin	Not., Ward.
(Usual place of abode)	If contesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married.	(Month) (Day) (Year)
5e, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That t attended deceased from
Ma Burboge.	august 130 to date I death
6. DATE OF BIRTH (month, dey, end yeer) luquet 23, 1867	I last few harn alive on fully 12 195; death is said
7. AGE Years Months Deys tf LESS than 1 dey,hrs.	to have occurred on the date stated above, at
12 10 2 ormin.	were es follows:
Reference of the state of the s	Certifical Remarkage, July 1935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MULL SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	V
SAW MILL, BANK, etc. Jehres Cuguell	
11. Total me (years) this occupation (month and /93) year) year)	
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of importance:
(Stete or country)	Hubertensin
13. NAME & Raac W. Burbage	atterioschlusses
13. NAME & Race W. Burbage 14. BIRTHPLACE (city or town) Maryland.	Neme of operation
(Stete of Country)	Whet test confirmed diagnosis? Usucal Was there en eutopsy?
15. MAIDEN NAME Les ter Solland 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
10 11 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT PM Carmon Sullage. (Address) Ruhmond Ja.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE?
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Wengelen Dete Uly 15, 1935	Nature of Injury
19. UNDERTAKER J. W. 12 urbage (Address) Berlin ma	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 7-15-, 185 Jelen J. Haywa	(Signed) Franke The Lenny M. D. (Address) Willards M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	Cartery processing the State of Annal Andrews (1)	Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

1	. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEATH	08119
	County	Worcester			Registration Dist. No	352
	Village or Ci	ityOcean Ci	ty	(lf	No. f death occurred in a horpital or institution, give its NAME instead of the course	
2		WE Still				ds.
	(a) Residence	ce: No	(Usual place	of abode)	St., Ward. If nonresident give city	or town and State
	PERSON	AL AND STATIS			MEDICAL CERTIFICATE OF D	EATH
3, 3	Female	4. COLOR OR RACE Colored	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH July 11 (Month) (Da	, 193_5 y) (Year)
5a.	If married, widowed HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That	I attended deceased from
_	DATE OF BIRTH (month, day, and year) rs Months	July 11,	If LESS than	I last saw h alive onm. to have occurred on the date stated above, atm.	, 19; death is said
~	8. Trade, profes	ssion, or particular		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imposere as follows: Premature birth	Date of onset
OCCUPATION	SAWYER, 3 Industry or 1 work was	vork done, as SPINNER, BDDKKEEPER, etcbusiness in which a done, as SILK MILL,			No physician in attndance	
000	10. Date decease	L, BANK, etc ed last worked at pation (month and	11. Total	time (years) ent in this upation		
12.	BIRTHPLACE (cit (State or coun	ty or town) Ocean	City, Md	8	Dther Coutributory Causes of Importance:	
ER	13. NAME	Earl Cas	е			
FATHER	14. BIRTHPLACE (State or	(city or town)country)	Pa.		Name of operation What test confirmed diagnosis? W	Date of
MOTHER	15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town)	ell Md.		23. If death was due to external causes (VIOL ENCE) fill in also Accident, suicide, or homicide? Date of in	ED ENERGY CONTRACTOR
17.	INFDRMANT (Address)	Earl	Cili.	Ond	Where did injury occur? (Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.
18.	BURIAL, CREMAT	St fauls	Enc. Date Ju	ly 11,1935	Manner of injury	
19.	UNDERTAKER (Address)	Beil	Burb.	ge.	24. Was disease or injury in any way related to occupation of d	leceased? Registra
20.	FILED Jus	ly 11, 1935-	Xlep Re	reforel Mesta Registrar.	(Signed) Bestin	nd helpm. D.

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Example I		Example II	
The principal cause of death and related ordses of importance were as follows. Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1321	Run over by street car	1 week ago
Cerebral hemorrhage	Jun 5,1927	Peritonitis	3 days ago
19			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08120
1. PLACE OF DEATH	(9)
County Warcester	Registration Dist. No. 38/
Village or City veer Snow Kill MG	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME David Coston	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2/ 19355
5a, If married, widowed, or divorced	
HUSBAND of (or) WIFE of Cuebond of Willie Caelan	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) / wassew	I last saw h_sing alive on
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, atm,
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were established.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	o the heart
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at July 20 11. Total time (years) this occupation (month and	D
10. Dete deceased lest worked at July 20 11. Total time (years) spant in this occupation (month end year)	0,2/2,2
12. BIRTHPLACE (city or town) New Swaw Hill (State or country)	Other Contributory Crases of Importance:
13. NAME mitchel Carlein,	
13. NAME MICHAEL CESSEN 14. BIRTHPLACE (city or town) New Snaw Hell (State or country)	Name of operation Date of Date
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Charlette uncomment of the second of the s	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or honicide? Date of Injury
Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Will Castan (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL ILLO MA	Manner of injury
Place vot Wesly Corn, Date July 25, 1933	Nature of injury.
19. UNDERTAKER Chao Atyrull	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Snaw July M.	If so, specify
20. FILED 7/24 , 19 35 DE Loy Swith.	(Signed) M. D.

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mple II	
th and related causes ows:	Date of onset
	1 week ago
	3 days ago
of importance:	1 year
_	

STATE OF	MARYL	AND-	-CERTI	FICA"	TE	OF	DEATH
----------	-------	------	--------	-------	----	----	-------

Village or City. No. No. No. No. No. No. No. N	1. PLACE OF DEATH	OSIZI
Village or City Send to residence in city or town where death occurred (a) Residence: NO. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. INTERPRETABLE (City or town) S. II married, wildowed, or discovered WISSAN OF FOR BINTH (month, day, end year) C. DATE OF BINTH (month, day, end year) Ward Long to business in which Sor Will, BANK, etc. 1. Color or RACE S. II married, wildowed, or discovered WISSAN OF WISSAN OF LOTE OF BINTH (month, day, end year) Long to business in which Services and some self-like Married, wildowed, or discovered or min. Services and some self-like Married Will Color or married in the death occurred or min. Services and some self-like Married D. Date Of BINTH (month, day, end year) Long to business in which Services and some self-like Married Long to business in which Services and one self-like Married D. Date Of season, or particular Services and one self-like Mill. D. Date Of country) What test confirmed diagnosis? West there on autopsy? What test confirmed diagnosis? West there on autopsy? What test confirmed diagnosis? Specify whether injury occurred in Individual Companion of decessed? What test confirmed diagnosis? Specify whether injury occurred in Individual Companion of decessed? What test confirmed diagnosis? Specify whether injury occurred in Individual Companion of decessed? What test confirmed diagnosis? Specify whether injury occurred in Individual Companion of decessed? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test co	· county Worcester.	Registration Dist. No. 362
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Charles place of shocks PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) SINGLE MARRIED, WIDOWED, (Clor) SINGLE MARRIED, WIDOWED, (Clor) SINGLE MARRIED, WIDOWED, (Clor) (Clor) 1. DATE OF DEATH 2. DATE OF BIRTH (month, day, and year) (Mach) 1. SEX Months Days 1. If LESS than 1. If Less than 1. If the profession, or particular SAW VALL, BARK, stc. 1. Date of sexes of importance: 1. BIRTHPLACE (city or town) 1. SAW MALL, BARK, stc. 1. SIRTHPLACE (city or town) 1. SERTHPLACE (city or town) 2. SERTHPLACE (city or town) 3. SERTHPLACE (city or town) 3. SERTHPLACE (city or town) 3. SERTHPLACE (city or town) 4. SERTHPLACE (city or town) 5. SERTHPLACE (city or town) 6. SERTHP	2 1 0 10	
2. FULL NAME (a) Residence: No. / Bulling late of abodo of abodo of the control of the control of abodo of abodo of the control of the contr	(N	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. Bulluspiace of abode) St. Ward. Historical every or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DYOCKED written word OR DY DYOCKED written word OR DYOCKED written word OR DYOCKED WRITTEN		now long in U.S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRED, WIDOWED, OR DIVORCED (write the word) 6. LI married, widowed, or divorced MUSANIO of Williams of Willi		eld:
3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED OR DIVORCED (univir) were were OR DIVORCED (univir) were were (ING.) 6. DATE OF DEATH (month, ay, end year) 6. DATE OF BIRTH (month, ay, end year) 6. DATE OF BIRTH (month, ay, end year) 6. DATE OF BIRTH (month, ay, end year) 7. AGE Vears Wonths Days If LESS than I dey	(a) Residence: No. 18 Lally (Usual place of abode)	
Se. If married, widowed, or divorced HUSBAND of Groy WIFE of Many Crange HUSBAND 19 22. I HER BY CERT I FY, That I ethended decessed from 19 , to 19 11 lest saw h. elive on 19 , to 19 11 lest saw h. elive on 19 , to 19 12 how cocurred on the dete seted above, st		MEDICAL CERTIFICATE OF DEATH
50. If merried, vidoved, or divorced HUSBAND of Oron VIFE of May Craughted 1. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		July 6th 193
19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	5e. If merried, widowed, or divorced	(Mann) (Day) (Yeer)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I deyhrs. ormin. 8. Trade, profession, or particular sin of work dome as SPINNER. SAWTR, BOOKEFER, etc Findustry or business in which SAW MILL, BANK, etc. 10. Date documents year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHPLACE (city or town) (Address) 18. BURNAL CREMATION, OR REMDVAL PICE (CARTAGE) PICE AND A CARRAGE ACCIDENT OF MAIN PICE AND A CARRAGE ACCIDENT OF MAIN Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Signed) M. D. Name of injury Nature of injury Natur	(or) WIFE of many Crampfeld.	
TAGE Years Months Days ITLESS than I dey hrs. of min. 8. Trade protestion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. & Actual Section of the dete steted above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance set follows: 9. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which was a second or set of the second or second or set of the second or	6 DATE OF RIPTH (month day and year)	
Sample S		
R Frade, profession, or particular control of the c		were as follows:
SAWYER, BOOKKEPER, etc. 7: Industry or business in which work was done, as SILK MILL, SAMILL, BARK, etc. 10. Date deceased lest worked at this occupation (month and special in this occupation (month and special in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stele or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO F	9 Trade profession or particular	Uate of onset
SAW MILL, BARK, etc. 10. Date deceased less worked et this occupation (month and spant in this pant in this	SAWYER, BOOKKEEPER, etc.	Neart gailing:
10. Date deceased lest worked et this occupation (month and 3s/3s) 11. Total time (yeers) spant in this occupation (month and 3s/3s) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILEO FI	9. Industry or business in which work wes done, es SILK MILL,	Primary Causes apopless. Not beart
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	11 - 10 Date deceased last worked at	diseased e Durotion: net stated Cong
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place (Address) 19. UNOERTAKER (Address) 20. FILEO July 7. 1925 20. FILEO July 7. 1925 12. BRTHPLACE (city or town) (State or country) What test confirmed diagnosis? West there en autopsy? Note did Injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNOERTAKER (Address) (Address Atamy Carrows) (Signed) M. D. (Address Atamy Carrows) Manner of injury (Signed) M. D. (Address Atamy Carrows) M. D.	this occupation (month and 30/35) spent in this 50 yr	
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place (Address) 20. FILEO 11. INFORMANT (Address) 21. Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of decessed? 15. Signed) M. D. (Address)	12 BIRTHRI ACE (city or town) Mary and	Other Contributory Causes of importance:
What test confirmed diagnosis? Wes there en autopsy? 29 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place (Address) 19. UNOERTAKER (Address) 20. FILEO fully 8, 1935 - 1 V Marriage (Signed) 10. Maioen diagnosis? Wes there en autopsy? 29 Where did languages (VIDLENCE) fill in also the following: 22. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury Where did Injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNOERTAKER (Address) 24. Was disease or injury in any wey related to occupation of decessed? M. D. (Address) (Signed) M. D. (Address) Accident, suicide, or homicide? Dete of Injury Neture of Injury Nature of Injury Nature of Injury (Signed) M. D. (Address) Accident, suicide, or homicide? Accident, suicide, or homicide? Dete of Injury 19. UNOERTAKER (Address) Manner of injury Nature of Injury Accident, suicide, or homicide? Specify whether injury occurr? (Specify whether injury occurr? Nature of Injury		
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What test confirmed diagnosis? Wes there en autopsy? 29 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place (Address) 19. UNOERTAKER (Address) 20. FILEO fully 8, 1935 - 1 V Marriage (Signed) 10. Maioen diagnosis? Wes there en autopsy? 29 Where did languages (VIDLENCE) fill in also the following: 22. If death was due to externel causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury Where did Injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNOERTAKER (Address) 24. Was disease or injury in any wey related to occupation of decessed? M. D. (Address) (Signed) M. D. (Address) Accident, suicide, or homicide? Dete of Injury Neture of Injury Nature of Injury Nature of Injury (Signed) M. D. (Address) Accident, suicide, or homicide? Accident, suicide, or homicide? Dete of Injury 19. UNOERTAKER (Address) Manner of injury Nature of Injury Accident, suicide, or homicide? Specify whether injury occurr? (Specify whether injury occurr? Nature of Injury	14. BIRTHPLACE (city or town) md:	Name of operation Date of
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Confidence of the public of the p	(State or country)	What test confirmed diagnosis? Wes there en autopsy?
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Confidence of the public of the p	15. MAIOEN NAME Mary Pounds.	23. If death was due to externel causes (VIDLENCE) fill in also the following:
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Confidence of the place of the pl	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Place Alexander of Injury 19. UNOERTAKER (Address) 20. FILEO fully 8, 1935 Williams of Resistrar. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 24. Was disease or injury in any wey related to occupation of deceesed? (Signed) M. D. (Address tany South Sulling M. D. (Address tany South Sulling M. D. (Address tany South Sulling M. D.	(Stete or country)	Where did Injury occur?
Place Exergree Oate July 8, 1935 19. UNOERTAKER (Address) 24. Was disease or injury In any wey related to occupation of deceesed? 25. FILEO July 8, 1935 - L. V. M. L.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER G. C. Berley 24. Was disease or injury In any wey related to occupation of decessed? NO 20. FILEO fully 8, 1925 - & VM ringford (Signed) (Signed) (Address tring Source Bullies.		Manner of injury
20. FILEO July 8, 1925 - 2 VM wintered (Signed) Med aller Buller M. D. (Address ting Source Buller.	Place derfeen Oate July 8, 1935	Nature of Injury
20. FILEO July 8, 1925 - & VM winford (Signed) Med alle M. D. (Address ting Soroner Bulia.	19 HNOFRTAKER D. W. Bulling	24. Was disease or injury In any wey related to occupation of deceesed? 200
20. FILEO filing Coroner Bulius.		If so, specify
		and the contract of the contra
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1400	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	1	Example II	
The principal cause of dea of importance were as follows:	th-and related causes		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	111 2 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAIT V 6	July 5,1927	Peritonitis	3 days ago
£.	The state of the s			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
NEATH					

02100

1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 35/
Village or City &) cralletree and	ND. St Ward
(If Length of residence In city or town where death occurredyrsyrs	death occurred in a horpital or institution, give its NAME instead of street and number) 3. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
1.00.10+	(90-
2. FULL NAME Mardella (Speris	an (Pleverson) Jinney.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 29 LL, 193 35
5a, If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Dec 26 1934	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
/ / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	no doctor in allendance
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programme) in this companion (month and this programme).	moun stated duld that
work was done, as SILK MILL, SAW MILL, BANK, etc.	Town and food airely to
- time coordinate and about the finite	In reduce Lover Thought il-
year) occupation	Dther Contributory Causes of importance. Deshably acute Brothehite Curso
12. BIRTHPLACE (city or town) Scratterie mg	was emproving. But cheld
(State or country)	to bed before 9 belock and
14. BIRTHPLACE (city or town) Surdlibree mg.	found it dead at 10 PM
4. BIRTHPLACE (city or town) Callure mg (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an eulopsy?
E Parales	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Charles Stain	Where did injury occur?(Specify city or lown, county and State)
17. INFORMANT (Address) By Calling 1 mg	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR. BEMDVAL	Menner of injury
Place Carlopung Cim Date July 2.9-1935	Nature of injury
19. UNDERTAKER Chas at will,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Snaw Hill well	If so, specify 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
20. FILED 7/29, 1935 - REDay Swith.	(Signed) LE Con Succell N. Rog. M.O. (Address) Sulaw Hill Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1905	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance.	U	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Worcester.	Registration Dist. No. 3 62
	No. St., War lf death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence In city or town where daath occurred yrs mc	sds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mghth) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Chril 9. /935	I last saw her eliva on July 1 18 35 death is sa
7. AGE Yaars Months Days If LESS than I day,hrs	to heve occurred on the data stated above, at
9 Trade profession or particular	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occurrention (month and	Insproper food salaptation.
10. Date deceased last worked at this occupetion (month and year) 11. Totel time (yeers) spent in this occupetion	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importence:
13. NAME Hester Frieder. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? ???
IS. MAIDEN NAME Praulolin Derriches	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Praublin Derrucken 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicida, or homlolde?
17. INFORMANT Mes John new low	Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HÖME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Leman Loun Date July 8, 19 3.	Manner of injury
19. UNDERTAKER J.W. Burbage (Addrass) Berlin, mil	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED tally F 19 35- I V Muniford	(Signed) Caschett M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I V E D		Example II	
The principal cause of death and related causes of importance were as follows 5 - 2 105	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

			F MAR'	YLAND-	CERTIFICA	TE OF I	DEATH	08125
1	. PLACE OF DEAT				400000010	92-0		-3150
	County Word		••••		Mar and an	Regis	tration Dist. No	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Village or City				No. Seco	an implianting aims i	NIABAC: 1 C .	St., Ward
	Length of residence in cit	ty or town whera de	ath occurred7	11 yrs 9 mos.	. 19 ds. How long in	U.S. if of foreign b	irth? yrs.	mosds.
:	2. FULL NAME	Amelia	Anne He	nderson			Pis.	
	(a) Residence: No				St., Ward.			
-	PERSONAL AN	DSTATISTIC	(Usuai place		MEDIC		CATE OF DE	
	SEX 4. COLOI	A.	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED. (write the word) "Iled"	21. DATE OF DEA	ATH		h., 193.5
-	If married, widowed, or divor HUSBAND of (or) WIFE of Thom]		derson		-	EBY CER	TIFY, That I	attended deceased from
6.	DATE OF BIRTH (month, day	, and year) Sen	t.26th.	1863.	Mast saw h aliv	7 4		1935; death is said
1	AGE Years	Months	Days	If LESS than	to have occurred on the d	late stated above, a	8/.45Am	
	71	9	19	1 day,hrs	The PRINCIPAL CAUSE (OF DEATH and reh	rted causes of importa	Date of onset
z	8. Trada, profession, or pa kind of work done,	rticular as SPINNER	TTona	0.				Date of onset
110	SAWYER, BOOKKEE	PER, etc	Housewi	.16	0/			193 x
UPA	9. Industry or businass in work was done, as S SAW MILL, BANK, e	SILK MILL,			Undele	cher	ars	134
OCCUPATION	10. Date decaasad last work this occupation (mon year)	kad at June	11. Total ti spen occu	me (years) It in this Life				
12	BIRTHPLACE (city or town). (State or country)	Pocomok	e City,	Md.R.D.	Other Contributory Cause	P	wation	Lee
ER	13. NAME Thomas	Benson					general	Just
FATHER	14. BIRTHPLACE (city or to	wn) Worce	ster Co	unty	Name of operation			Data of
22	15. MAIDEN NAME Ama				What test confirmed diagr			
MOTHER	16. BIRTHPLACE (city or to	wn) Worces		nty	23. If death was due to ext Accident, suicide, or homi Where did Injury occur?	iclde?		
17.	INFORMANT MES. S. (Address) OCOMO	ilas Ell	is	nd.	Specify whether Injury oc	(Specil	y city or town, county YY, In HOME, or in PU	and State) BLIC PLACE.
18	BURIAL, CREMATION, OR R	EMOVAL			Manner of injury			
19	UNDERTAKER LEAS (Address) POCOM	core/	Maryl		24. Was diseasa or injury	in any way ralafad	to occupation of dece	ased? No
20	FILED July 17, 1	,35. fo	Am J.	Reley	(Signed)	13	arlow	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1344 3 "

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9.—The industry or business in which the work was done.

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(186-20)
County Worcesler	Registration Dist. No. 36/
Village or City Sindletree	No. St., Ward
LL!	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
1 1. 4 7/10	ds. How long in U.S. If of foreign birth?yrsmos,ds.
2. FULL NAME JULIA OT /YULL	
(a) Residence: No. / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Charles	22. I HEREBY CERTIFY That I attended deceased from 14, 1935 to July 2, 1935
6. DATE OF BIRTH (month, day, and yaar) bully 15 1860	1 last saw Her aliva on July 2 , 1995; death Is said
7. AGE Yaars Month Days If LESS than 1 day,hrs.	Yo have occurred on the date stated above, at
/4 // // ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wera as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Jauneurife.	
9. Industry or business in which	Tokumie interstitud Rephilis
work was done, as SILK MILL, own your	
10. Date daceasad last worked at this occupation (month and year) spent in this occupation occupation	
TO DEDUCTION OF CHARLES	Othar Contributory Causea of importance:
12. BIRTHPLACE (city or town) (State or country)	Hoetweet Termur-174 123/21
13. NAME Herkick Jones	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(State or country) A Ninging	What tast confirmed diagnosis? Churcal Was there an autops 10
15. MAIDEN NAME Lulial E. Mason	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME School & Mason 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury 13, 19 3 1
X (State or country) Maryland	Whare did injury occur? Of two me
17. INFORMANT /M Saharles / Kill 1	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Girdletree 749	many occurred in time
18. BURIAL, CREMATION, OR REMOVAL	Manher of injust ell will doing seg. Felleng low
Places Millian Date Date 9 1935	Nature of injury Track and Top - ye
19. UNDERTAKER LARNE HILL MA	24. Was disease or injury in any way related to occupation of decaased?
20. FILED 7/5 , 19 35 LE Roy Swith Registrar.	(Signad) Survivil Mol. M. D. (Address) Survivil Mol. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Aug 5 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT	H +		LAND	92-22	OF DEA		0101
County Word	ester			69	Registration I	Dist. No. 3	4
Village or City Of	relbour	ne		No		St.,	Ward
Length of residence in city	or town where deat	h occurred		f death occurred in a hospital or institutionds. How long in U.S. If			
2. FULL NAME	Unati	1, 21	ollan	/			
(a) Residence: No.	- WWW.W.W.	(LL()	V. LAANV.	St., Ward.			
(a) Residence. No.	***************************************	(Usual place of	abode)		If nonresident	give city or town an	d State
PERSONAL AND				1	ERTIFICATE	OF DEATH	
Male los	lored	OR DIVORCED	(write the word)	21. DATE OF DEATH	ly (Month)	24 (Day)	., 193. 1 (Yaar)
5a. If married, widowed, or divorce HUSBAND of	ed f	20 11	1	22. a I HEREB	Y CERTIE	Y, That I attended	d decaasad from
(or) WIFE of War	una o	Dolla	and	July 15	, 1935 to Ja	ly 15,	, 19,355.
6. DATE OF BIRTH (month, day,	and year) UK	v. 20.	1869	I last saw h alive on	July 16.	19.30	; death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stat		Cm.	
66	3	4	ormin.	The PRINCIPAL CAUSE OF DEA were as follows:	TH and related cause	s of importance	Date of onset
8. Trade, profession, or par kind of work dona, a SAWYER, BOOKKEEP	ticular s SPINNER,	MANAI	21/	91-1-1	In.		
SAWYER, BOOKKEEP	which	www		Valnum	W WYG	ease)	
kind of work done, a SAWYER, BOOKKEEP Industry or business in work was done, as SI SAW MILL, BANK, et of this occuration (month)	LK MILL,			1 A 280 0	1/2		101
10. Date deceased last work this occupation (mont	ed at	11. Total tim	in this	7			1-192
year)	frank	occup	ation - Life	Other Contributory Causes of imp	oortance:		4
12. BIRTHPLACE (city or town)	MA-norato	1		-			*
(Stata or country)	will pr	una					
13. NAME (futer) 14. BIRTHPLACE (city or town	milles	1)	,		; « /.		
14. BIRTHPLACE (city or tow	n) Mary	Las	lol.	Name of operation		Date of.	
(Stata or country)	06	11 011		What tast confirmed diagnosis?		Was thara an	aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country)	saw o	Willow	na.	23. If death was due to external ca			•
16. BIRTHPLACE (city or tow (State or country)	n)-Mari	Han	A	Accident, suicida, or homicide?		Date of injury	, 19
C -/	= -1.	10000	111	Where did injury occur?	(Specify city or	town, county and St	ate)
17. INFORMANT (Addrass)	ara (wind	esille.	Specify whether injury occurred	in INDUSTRY, in HO	ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR RE	MOVAL WIL	losune	-ma	Manner of injury			
Place Mt Durke	Cerally	Data July	261931	Nature of injury_			
19. UNDERTAKER	ving 10	and los		24. Was disease or injury In any	way related to occupa	ntion of deceased?	No
(Address)	the m	nd x		If so, specify		7. 1	
20. FILED July 24 , 19	35 M	rang or	W Tagh Riffistrar.	(Signed) - J.	The town	reserva	M. D
	If more blan	aks are needed, ad	dress State Registrar.	, 2411 N. Charles Street, Baltimore, R	Requesting V. S. No.	1.	

CTATE OF MADY AND CEPTIFICATE OF DEATH

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Cerebral hemorrhage BUREAU V. 3	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?_____yrs.____mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wife the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year). 7. AGE Years Months Davs If LESS than to have occurred on the date stated abova, at I dev....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Trade, profession, or particuler OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... RESERVED plnous may Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... O. Date deceased last worked et 1. Total time (years) spent in this this occupation (month and occupation ____ ARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of oparation.... plain (State or country) carefully What tast confirmed diagnosis? Wes there an autopsy? MOTHER important. 15. MAIDEN NAME in 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ OF DEATH 16. BIRTHPLACE (city or town) (State or country) pe Whare did Injury occur? (Specify city or town, county and State)
Spacify whathar injury occurred in HOUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury AUSE Nature of Injury. NOL (Address) If so, specify

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Arteriosclerosis C. C. C.	1915	Attack of epilepsy	1 week ago
Chronic interstitial neptrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. 0 52 Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 46 How long In U.S. if of foreign birth?_____yrs.___ PHYSICIAN ECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (Sorite the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at. 1 day, hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Treda, profession, or particular NO kind of work done, as SPINNER, RESERVED SAWYER, BDDKKEEPER, etc ... CUPATI may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 1D. Date deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation __ ARGIN 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town)_____ Name of operation plain (State or country) efully What test confirmed diegnosis?__ MOTHER 15. MAIDEN NAME .5 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of Injury______ 19. OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnods 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury _Date Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify

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(Yaar)

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Arteriosclerosis ALIC 9 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V C	July 5, 1927	Peritonitis	3 days ago
For the large case of the larg	1 - 2 - 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	item	sho	of C	
)	D. Every	SICIANS	tatement	
	r RECOR	Ү. РНҮ	Exact s	
DATTON	VRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	NUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
KARGIN RESERVED FOR DINDING	IS A PEI	stated E	properly	ON is were immortant See instructions on book of cortificate
1	HIS	pe	pe	o ju
AUTO	INK-T	Plnous 3	t it may	Jook no
TY LY	DING	AGI	so tha	otione
ישונים	UNFAI	upplied.	terms,	o inches
N. Carlotte	WITH	s flinis	in plain	nt Co
	MLY,	be care	EATH ;	imports
	PLA	pinor	OF D	WAPU
	VRITE	tion sl	VUSE (oi NO

County Ware-	e Ca		Registration Dist. No. 35	4
Village or City Archite	0	No. f death occurred in a hospital or ins	St.	,Ward
Length of residence in city or town where dea	th occurredyrs,mos	ds. How long in U.S.	if of foreign birth?yrs	mosds.
2. FULL NAME While &	om daylor	Jones		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	
PERSONAL AND STATISTIC			CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	29, 193 25 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREE	BYCERTHY, That I atter	
		11-4	2,19, to 2	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Adonth	Days If LESS than 1 day,hrs.	to have occurred on the date st	tated above, atm. EATH and related causes of Importance	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	ormin,	wer as follows:	Zan	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Duelin	uler 7-	28-35
10. Date deceased lest worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation			
12. BIRTHPLACE (city or town)	heel	Dther Cantributory Causes of in	mportance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	ylan.			
(State of country)	6. A	Neme of operetion What test confirmed diagnosis?	Date Was there	
15. MAIDEN NAME	lece your		causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Where did Injury occur?	Date of Injury	, 19
17. INFORMANT (Address)	To for		(Specify city or town, county and din INDUSTRY, In HOME, or in PUBL)	d State) C PLACE,
18. BURIAL, CREMATION OR REMOVAL Place Attack	Date July 29 , 1931	Manner of injury		
19. UNDERTAKER OMBONIES (Address)	Dowly in mil		y way related to occupation of deceased	1?
20. FILED July M, 19 ma	m Tuyly Registrar.	(Signed)	Lityling	1 /2M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	-19	Example II	
The principal cause of importance were as	1.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	A second to the			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	48
county Worcester.	Registration Dist. No. 955
Village or City Berlin	No. St., Ward
Length of residence in city, or town where death occurred 5 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
01 00: 1 . 2 . 0 1	1) 0.
2. FULL NAME A alle Win field	Tently.
(a) Residence: No. Jackhur () Aud (Usual place of abode)	St., Ward. U If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 25 193 5 (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of	
(Or) WIFE of Edward J. Kenly	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 14,1865	Stast saw held alive on July 20 ,19 33 death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 4.20 m.
7 / / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
9 Trade profession or neglicular	Date of onset
o. Trade, profession, or particular Sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinome d'Uterus 1934
9. Industry of business in which work was done as SILK MILE	A
SAW MILL, BANK, etc. 10. Date deceased tast worked at this occupation (month and the company). 11. Total time (years) seem in this occupation (month and the company).	
this occupation (month and 1925 spent in this occupation 20 yr	
12, BIRTHPLACE (city or town) Maryland.	Other Contributory Causes of importance:
(State or country)	
13. NAME William richols.	
13. NAME Welliam Michaels. 14. BIRTHPLACE (city or town) Granton Wash. D.C.	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Harriet Luitliceum	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Berlin, M.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Treppywork am Ballerion, Bate July 27, 19 31	Nature of injury
19. UNDERTAKER D. W. Burkage	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sprlin Ind.	If so, specify
20. FILED 7-26- 1995 Helen J. Nayward	(Signed) M. D.
(Registrar.	(Address) Jewn Ma

If more blanks are needed, address Seate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	xample I		Example II	
The principal cause of desof importance were as foll Arteriosclerosis	th and related causes OWS: ECEIVE	Deteret onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	2002	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 2 1000	July 5, 1927	Peritonitis	3 days ago
Variety of Balley	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEAT
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0.8		1	.)
63	7.18.	-	

1. PLACE OF DEATH			(131)	,
CountyWorcester			Registration Dist. No. 347	
Village or City Girdletree		St.,	Ward	
Length of residence in city or town where d	eath occurred	12 yrs * mos	death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME Cora Ala				
(a) Residence: No. Girdle			St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word) W	21. DATE OF DEATH Girdletree July 24th.	, 193_5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Denard Pilch	ard		22. I HEREBY CERTIFY That i attended	11 0-
6. DATE OF BIRTH (month, day, and year) NOV	omben 1	6+h 1059	l last saw he alive on he alive on he	24, 19 Sold
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 11 . 15 Pm.	54, death 15 5alu
82 8	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:	
8 Trade profession or particular			Charles on bushil	Data of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			A	
10. Date decaasad last worked at this occupation (month and 1935)	spei	ime (years) nt in this Life upation Life		
12. BIRTHPLACE (city or town) GOOdwill (State or country) Maryland.		Other Contributory Causes of importance:	7	
13. NAMEElijah E. Britt	ingham			
14. BIRTHPLACE (city or town) GOODW	ill vland		Name of operation Date of What test confirmed diagnosis Across Was there	
置 15. MAIDEN NAME Elizabeth	Pruitt		23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (city or town) Worce (State or country) Mar	ster Co	unty	Accident, suicide, or homicide? Data of injury Where did injury occur?	
17. INFORMANT Mrs. Maurice W (Address) Girdletree, Ma	latson ryland.	,	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE,
18. BURIAL, CREMATION, OR REMOVAL GOODWILL M.E. Cemeterypologically 26th1935			Manner of injury	
19. UNDERTAKER POCOMOKE CIT	y, Maryl	and.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED JULY 2 1, 1925	rany m	Registrar.	(Signed) (Address)	(M. D.

If more blanks are needed, address Shafe Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIIREAU V. 3.	July 5, 1927	Peritonitis	3 days ago
And start years a start of sta			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of OCCUPA-

statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
Company Works and the many	Registration Dist. No. 358
Village or City Pocomoke City	No. St War
(I	f death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Mary Lizzie Harmon (Poul:	son) arran approacts since of
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored 5. SINGLE, MARRIED. WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH Pocomoke City July 17th., 1935. (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Severn Poulson	22. JUHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 16th. 1894.	I last s w h
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the dete steted above, and OOP em. The PRINCIPAL CAUSE OF DEATH and related causes of importance
41 11 1 ormin.	were es follows: Dete of onset
8. Irada, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, atc Housewife work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this jear)	Probable Caus: Supplika Decovered, however, refused to have her blood cheekeds of
12. BIRTHPLACE (city or town) Keller (State or country) Virginia.	Other Coutributory Causes of Importance: Acute January: patient in 1/17-
13. NAME John Harmon 14. BIRTHPLACE (city or town) Keller (State or country) Virginia.	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Ammie Mears	23. If daath was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Ammie Mears 16. BIRTHPLACE (city or town) Nachapreague (State or country) Virginia.	Accident, suicide, or homicide?
17. INFORMANT Annie Harmon (Address Ocomoke City, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL Y Place A-comac Co. Va Date July21st 19.35	Manner of injury
19. UNDERTAKER VERNON P. Stevenson (Address) Pocomoke City, Maryland.	24. Was disease or Injury in any way related to occupation of daceased? If so, specify
20. FILED July 20, 1935. Jun J. Reley	(Signed) M, I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II			
The principal cause of importance were a	of Reath and felated causes s follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Data of onsat		
Arteriosclerosis	NUC 2 1905	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nep	Aritis AUG 2	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
		and i				
Other contributory causes of importance:			Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				,		

							PHYSICIAN
Lette	r from	Dr. 1	1955F	. to	auler	Files	12-3-35.
111-3				/1		/	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOMMENT RECOMMENT BROADING BY SHOULD BE STATED BY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	ľ	RECO	r. Pi	Exact
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE nation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly	TADTING	RMANENT	XACTL	classified.
WRITE PLAINLY, WITH UNFADING INK—THIS nation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be	ron p	IS A PE	stated E	properly
WRITE PLAINLY, WITH UNFADING INK-TI nation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may	7	SIL	be	pe
WRITE PLAINLY, WITH UNFAD nation should be carefully supplied.	NESERVE	ING INK-TH	AGE should	o that it may
WRITE PLAINLY, WITH nation should be carefully CAUSE OF DEATH in plai	MARCIL	I UNFAD	supplied.	in terms, s
WRITE PLAINLY, V nation should be caref		VITE	ully	pla
		WRITE PLAINLY, V	nation should be caref	CAUSE OF DEATH in

Ä

	-CERTIFICATE OF DEATH 08134
1. PLACE OF DEATH	159.
County World	Registration Dist. No. 352
Village or City Bulm mg	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cleamon Purnel	2
(a) Residence: No. Berlin m	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
PATE OF DIRTH (month day and year) A.L. & - 1535	I last saw haza alive on 19 35 deeth is said
5. DATE OF BIRTH (month, day, and yeer) Way 8 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 /	to have occurred on the date stated above, atm,
1 day,hrs	THE REPORT OF DEATH AND I CLASS OF IMPORTANCE
9 Trade profession or particular	Hananha St Longs
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased tast worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Bellin	Other Contributory Causes of Importance:
(State or country)	I remotive with
13. NAME Cleamon Bulugh	
14. BIRTHPLACE (city or town) Belly	Name of operation Oate of Oate of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eva Purneel	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Bellin	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT June Jurnell Maddress) Berlin my	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Date Date Date 1932.	Manner of injury
19. UNDERTAKER John In Buhase	24. Was disease or Injury In any way related to occupation of deceased?
20 FHED July 29, 1921 - IV Muniford	(Signed) Catholic M.
h Ve fat Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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-Example-I	· i	Example II	
death an related vauses follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
MC 0 1035	1915	Attack of epilepsy	1 week age
his AUG 2 2000	1921	Run over by street car	1 week age
BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
ses of importance:	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
	BUREAU V. S.	Ollows: AUG 2 1935 1915 1921 BUREAU V. S. July 5, 1927	of importance were as follows: Attack of epilepsy Run over by street car BURFAU V. S. July 5, 1927 Peritonitis

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information chould be carefully summind ACE chould be casted EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	
ORD. Eve	t stateme		
TI.Y. P	ied. Exac		3.
PERMAN F X A C	rly classif	cate.	6.
HIS IS A	y be prope	k of certifi	MILON
G INK—T	that it may	ns on bacl	OCCUPA
UNFADIN	terms, so 1	TION is very important. See instructions on back of certificate.	3. 5. 5. 6. 6. 7
T, WITH	TH in plain	ortant. Se	MOTHER FA
PLAINI	OF DEAT	very imp	1
-WRITE	CAUSE	TION is	1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	135
1	PLACE OF DEATH		
	. County Worcester	Registration Dist. No. 354	
	Village or City Stockton	NoSt.,	Ward
	(If Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and not be used in the long in U.S. if of foreign birth?	
	CON I	- Le	
2	FULL NAME Ellew Trancel Of	owey	
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and the state of the stat	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.8	Ex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 22. (Martith) (Day)	193_35 (Year)
5a.	If married, widowed, or divorced HUSBAND of Corn WIFE of Ambrose Rowley	22. July 19 1935 to Suly 19	leceased from
6 1	DATE OF BIRTH (month, day, and year) July 2, 1867	last saw her alive on July 19, 1935	: death is said
7. /		to have occurred on the date stated above, at 5-, 2,-m.	
	68 0 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	
7	8. Trade, profession, or particular 1/1		Date of onset
PATION	kind of work done, as SPINNER, Cousewife	D 1 1 70	
IPA	Andustry or business in which work was done, as SILK MILL, K SAW MILL, BANK, etc.	reserval obemoushage	3 da
סככו	10. Date deceased last worked at 11, Total time (years)	1	
0	this occupation (month end year)		
	PURTURE ACT (situations) 111	Other Contributory Causes of Importence:	
12.	(State or country)	±	
EB	13. NAME abraham Gunly		
FATH	14. BIRTHPLACE (city or town) MA and I	Neme of operation Date of	
	(State or country)	What test confirmed diagnosis? Was there an a	utopsy?
HER	15. MAIDEN NAME (Paley Readow	23. If death wes due to external causes (VIOLENCE) fill in elso the following	•
MOTI	16. BIRTHPLACE (city or town) Aff	Accident, suicide, or homicide? Date of Injury	, 19
2	(State or country)	Where did injury occur?(Specify city or town, county and State	.)
17.	INFORMANT AMBROSE Rowley, (Address) Stocketon, Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLA	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
-	Place Date Date 193.	Nature of Injury	
19.	UNDERTAKER Changa I Lumell	24. Was diseese or injury In eny wey related to occupation of deceased?	10
-	(Address) Amarkiel mid	If so, specify 0 10 10 10 10 10 10 10 10 10 10 10 10 1	
20.	FILED July 23, 1935 Mary M. Taylor Resistrar.	(Signed) John N. Nichellos) (Address) Stocketon, Mid	W. [
	If more blanks are reided, address State Registrar	24xx N Charles Street Baltimore Requesting T) S. No. x	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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(Address)

20. FILED.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	08136
1. PLACE OF DEATH		(23)	
County Warcerton		Registration Dist. No. 37	4
Village or City Stackless		NOSt., f death occurred in a hospital or institution, give its NAME instead of street a	Ward number)
2. FULL NAME Wellburn	Lesly S.	sds. How long In U.S. if of foreign birth?yrs	mos.,os.
(a) Residence: No. (Usual p	lace of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PAI	RTICULARS	MEDICAL CERTIFICATE OF DEATH	Н
male alored OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>(Year)</u>
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I atton	ded deceased from
6. DATE OF BIRTH (month, dey, and year) July 15		l iast sew h elive on	
7. AGE Years Months Deys	If LESS than I dey,hrs. ormin.	to heve occurred on the date steted above, et 3.00 A .m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date ol onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	tel time (years) spent in this occupation	Dubisculosis according to fathis Statume about Amorteles orner Dr. Nisitial Child	nt
12. BIRTHPLACE (city or town) Scacetar (State or country)	i ma	Other Contributory Causes of importance:	
13. NAME Pretturning 14. BIRTHPLACE (city or town) Suchlar (State or country)	selly me	Neme of operation Date (
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country)	nes n ma	Whet test confirmed diegnosis? Wes there 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the follo Accident, suicide, or homicide? Date of Injury Where did Injury occur?	owing:
17. INFORMANT Prettymen (Address) Stackston	ng	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ischlan M. Dete	uly 23 1935	Menner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signed)

24. Wes disease or Injury in eny wey related to occupation of deceesed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example T		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	W1 1000	Other contributory causes of importance:	1 aroom
Gallstones		May 1,1923	Gastroenteritis	1 yea

V. S. No. 1 M of OCCUPA-

STATE OF	MARYL	AND-CEF	RTIFICATE	OF DE	ATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	8137.
1. PLACE OF DEATH	(8)	-,
County Workers	Registration Dist. No. 35	
	death occurred in a hospital or institution, give its NAME instead of street and a	
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmc	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	. 3
male white OR DIVORCED (write the word)	(Monday (Day)	, 193 <u>3</u> (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY, Mat 1 attended	dacaasad from
6. DATE OF BIRTH (month, dey, end year) March 18 1925	I Jasysaw h Africe elive on July 31, 1735	; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.	
10 4 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
8. Trada, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Eheline mana gerceus	7-21-35
	/ meninghtis	
SAW MILL, BANK, etc		
	Other Contributory Canses of importanca:	
12. BIRTHPLACE (city or town) Manylory of	mul	
13. NAME Wallet J. Shockley		
13. NAME Walter J. Shackley 14. BIRTHPLACE (city or town) Worse Ster Co. D (State or country)	Nama of operation Oata of What test confirmed diagnosis	Sus
15. MAIDEN NAME addied & Johnson	23. If daath was dua to axternal causas (VIDLENCE) fill in also tha following	
15. MAIDEN NAME addied f. Johnson 16. BIRTHPLACE (city or town) Transport Con.	Accident, suicide, or homicide? Data of injury	, 19
(Stata or country) Many Conf	Where dld injury occur?(Specify city or town, county and State	e)
17. INFORMANT (Address) (Address) (Address)	Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
Please Flery mon the Joseph 23, 1935	Nature of injury	
19. UNDERTAKER / James J	24. Was diseese or injury in any way related to occupation of deceased?	no.
20. FILED 7/22, 1935 REPay Swith	(Signad) Trans 11 opens	7 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I			Example II	
The principal cause of of importance were as	death and related follows:	duses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5	1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	tis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
			الــــ		
Other contributory cau	ses of importance	:		Other contributory causes of importance:	1
Gallstones			May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH
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08138

1. PLACE OF DEATH	
County W reester	Registration Dist. No. 332
Village or City / Bullin Md.	NoSt., Ward
(If Langth of residence in city or fown where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth? vrs. mos. ds.
2. FULL NAME Infland Amo	t e le
112	d Ca Ward
(a) Residence: No. / O. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, and year) May 25, 1935	Visst saw ham alive on My 2 a 19.35 death is said
7. AGE Years Months Bays If LESS than	to have occurred on the data stated above, at 2 A m.
2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Tuberalving & Lungs Data of one of
SAWYER, BOOKKEEPER, etc.	
Windustry or business In which work was dona, as SILK MILL, SAW MILL, BANK, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decassad last worked at this occupation (month and year)	
on annual contract of the cont	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1
13. NAME Clemens Briting han	
13. NAME Clemens Setting han 14. BIRTHPLACE (city or town) Magnetic	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME And Smach 16. BIRTHPLACE (city or town) MA	23. If daath was dua to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town) MA	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT AUGUS MACHEN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Dt. Mdll Date July 2619 3J	Nature of injury
19. UNDERTAKER . W. Bushage	24. Was disease or injury In any way related to occupation of daceasad?
(Addrass) / Syling (Mid	If so, spacify
20. FILED July 26, 1935 J W Muggaper	(Signad) M. D.
Weeph Registrar.	(Addrass) DOTUM M.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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To commande	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

V. S. No. 1

STATE OF MA 1. PLACE OF DEATH County Village or City Langth of residence in city or form where death occurred.	- D71	No. death occurred in a hospital or institution of the How long in U.S. If of	Registration Dist. No	St.,Ward et and number)
2. FULL NAME Sarah G.	Sma	ck		
(a) Residence: No. (Usualpi	ace of abode)	St., Ward.	If nonresident give city or tox	wn and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CE	RTIFICATE OF DEA	ТН
	ARRIED, WIDOWED,	21. DATE OF DEATH	(Month) (Day)	, 193 J
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of	lmack	2. HEREBY	A	tended daceased from
6. DATE OF BIRTH (month, day, and year) Man 2	7 1959	I last saw har aliva on	Qual 30	9 35 : death is said
7. AGE Years Months Days	If LESS than 1 dey,hrs.	to have occurred on the date stated	Above, atm. Hand related causes of importance	
8. Trade, profassion, or particular kind of work done, as SPINNER,	ormin.	Welmonary o	Interculosis -	Data of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacased last worked at this occupation (month and		Gastil Co	rcinoma	1931
	al time (years) spent in this occupation	0		
12. BIRTHPLACE (city or town) (Stete or country)	and.	Other Contributory Causes of Impor	tance: Wnelso - Pres	(0)
13. NAME James Blamb	lin	5.000		19/3/
13. NAME Ame Ame Aomb 14. BIRTHPLACE (city or town) MA (State or country)		Name of oparation	linical Do	te of ## ## ## ## ## ## ## ## ## ## ## ## ##
15. MAIDEN NAME levene	incle	23. If deeth was due to axtarnal caus	es (VIOLENCE) fill in also the fo	
15. MAIDEN NAME LEGIONE 15. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?		
17. INFORMANT Surman Sm (Address) Insw Hill	ach NA RAD	Specify whather Injury occurred In	(Specify city or town, county a INDUSTRY, In HOME, or In PUBL	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Maje Ju	ly 3 ,1935	Mannar of Injury		
19. UNOERTAKER M. Gasha Hal	dan	24. Was disaase or injury in any we	y ralatad to occupation of deceas	ad? 10
20. FILED 7/1/ 1935 REROY	Fuelth Registrar.	(Signad) (Addrass)	wurtte	TINO.
If more blanks are neede	d. address State Registrar.	2411 N. Charles Street, Baltimore, Rea	uesting 71 S No v	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II The principal cause of death and related causes Date of one of importance were as follows:	
The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			

